

Office of the Town Clerk

Diane Wilhelm, Town Clerk

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Registrar of Vital Statistics

Records Management Officer

Marriage Officer

Application for Fireworks Permit Fee: \$200.00

Request for fee waiver – Not-for-profit Corporation _____Y ____N

Application MUST be filed at least 30 days prior to date of display

Application is made hereby, pursuant to the Town of Riverhead Code Chapter 64-37 for	•		
The display is sponsored by:			
Organization:	Contact Nan	ne:	
Mailing Address:			
	Phone No.:		
Location where the display is to be held (de	tailed site map required):		
Date of display:	splay: Time of display:		
Rain Date, If Applicable:	ate, If Applicable: Time of display:		
Name of Company firing display:			
Please list name of person(s) firing display,	age, years experience w/ fireworks &	physical condition:	
NAME <u>AGE</u>	EXPERIENCE	PHYSICAL CONDITION	
Note: Photo I.D. of all technicians h	andling or firing pyrotechnics	is required.	
Please list quantity & type of fireworks to be	5 527	_	
2" 3"	4"6"		
Method of providing fire protection:			
Method of providing crowd control:			
Number of monitors to be provided:			

Fireworks Permit – Page	2	
Event Name:	Location:	
Date:	Time:	
Please attach the followi	ing:	
	f Insurance, naming the Town of Riverhead bility and \$200,000 for property damage.	as additional insured with coverage of
Detail diag accordance with attached	gram showing location of fireworks discharge requirements.	ge & minimum separation distances in
Copy of con	stract with Fireworks Company.	
I have read the attache requirements & condition	ed "Requirements for Outdoor Display of Instructions contained therein.	Fireworks" and agree to abide by all
Signatures:		
Sponsor:		Date:
Name:	Signature:	Title:
Fireworks Display Comp	any:	Date:
Name:	Signature:	Title:
Fire Marshal. An insp Marshal at least 45 days	ast be reviewed by the local fire department wit bection of the discharge site must be performe prior to event date. A representative from the for this site inspection.	d by the Fire Chief & the Town Fire Fireworks Company should be present
This applic	cation is approved with a favorable recommen	aation to the Town Board
	Authorized Signature Chief of Fire Department	Date
	Town Fire Marshal	Date

Distribution w/ attachments:

Supervisor & Town Board Town Coordinator Town Attorney Police Department Fire Department